



**MUNICIPAL CIVIL SERVICE COMMISSION**  
**CITY OF AUSTIN**  
 505 Barton Springs Road, Suite 600 | Austin, TX 78704  
 PO Box 1088 | Austin, TX 78767  
 Mark Washington, Municipal Civil Service Director  
 (512) 974-3400  
[municipalcivilservice.hrd@austintexas.gov](mailto:municipalcivilservice.hrd@austintexas.gov)

MCSC Case No.  
 \_\_\_\_\_

Date Submission Received:  
 \_\_\_\_\_

**EMPLOYEE PRE-HEARING SUBMISSION FORM**

<b>EMPLOYEE NAME:</b>		<b>DEPARTMENT NAME:</b>	
<b>EMPLOYEE REP:</b>	1)	<b>DEPARTMENT REP:</b>	1)
	2)		2)

The employee or employee’s representative (if applicable) shall file with the Municipal Civil Service Office required pre-hearing submission information. Submissions shall be received no later than 5:00 p.m. ten (10) business days prior to an appeal hearing. Seven (7) copies of the submission must be submitted on two sided, sequentially numbered pages.

**EMPLOYEE SUBMISSION**

**List Reasons for Appeal:**

\*Use additional space on back or attach pages, if necessary.

**List Names of witnesses the Employee has Subpoenaed:**

\*Use additional space on back or attach pages, if necessary.

**List Names of witnesses the Employee will call at the hearing:**

\*Use additional space on back or attach pages, if necessary.

**Attach copies of written statements to this submission.**  
**Attach copies of any documents that will be provided as evidence at the hearing.**

**CERTIFICATION**

**I CERTIFY THAT THE ABOVE-DESCRIBED SUBMISSION HAS BEEN FILED WITH THE MUNICIPAL CIVIL SERVICE OFFICE.**

Signature of Employee or Employee’s Representative

Printed Name

Date

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**ACCESS TO HEARING INFORMATION SUBMISSIONS**

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Once hearing information has been submitted to the Municipal Civil Service (MCS) Office, the MCS Office will notify the parties that the submissions are available to be picked up. At the hearing, the MCS Office shall provide the Commission with any hearing information submissions received from either party.

Contact the Municipal Civil Service Office if you have any questions.

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**ADDITIONAL SPACE**

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**List Reasons for Appeal, Continued:**

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**List Names of witnesses the Employee has Subpoenaed, Continued:**

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**List Names of witnesses the Employee will call at the hearing, Continued:**

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